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n PUBLIC HEALTH

657 744

The progress in public health has been much less spectacular and less steady than that in education. Expenditures on public health have increased sharply only in recent years. In 1954 the budget of the Ministry of Public Health amounted to £S 8.764 million or 4.2% of the regular budget, as compared with actual expenditures of £S 3.431 million or 3.4% of the total in 1945. Health facilities have been gradually expanding. The number of hospitals has risen from 35 with 1,785 beds at the end of 1945 to 61 with [749] 4,094 beds at the end of 1954. Over the last seven years the government has spent, on an average, £S 1.3 million on public health facilities, so that [759] government hospitals now have a total of 3,000 beds. The number of doctors in Syria has risen from 616 in 1945 to about 880 at present.

Yet it is generally recognized that the state of public health is far from satisfactory. This conclusion rests upon testimony and observation rather than health statistics. The statistics, indeed, are so inadequate as to provide little indication of health conditions. The number of deaths registered, for example, imply a death rate of but seven per thousand, but the record of deaths is evidently very incomplete and the actual death rate rather [164] high. There is still a high incidence of debilitating diseases. Malaria, for example, is prevalent in many parts of Syria. Diseases such as tuberculosis and the many varieties of intestinal infections, which are generally associated with poor sanitation and hygiene, overcrowding and low standards [165] of living, are quite widespread. Infant mortality is particularly high. Thus 36% of the registered deaths in 1951-53 occurred among children less than five years old, and of these about the same percentage died of diarrhoea and enteritis.

An effective campaign to raise health standards would require resources which Syria will hardly be able to mobilize at its present stage of development. The health program will have to remain rather modest and should attempt primarily to remedy the more glaring deficiencies. These are, principally, the inadequate attention given to preventive medicine and the markedly unequal geographic distribution of existing health facilities.

744 *Preventive Medicine*

The prevention of disease is likely in the long run to be more economical than curative medicine. The mission believes that this aspect of

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744 advisable to initiate a pilot demonstration unit as a part of a community center in a rural district working in close coordination with other social and economic development projects in education, agricultural extension and social welfare. Particular emphasis should be placed on preventive health work, prenatal care and child health. This unit will also serve as a training center for the rural health workers to obtain their practical knowledge and experience in rural health work. One such pilot unit is planned by the government and WHO for 1956, utilizing TA funds.

If the demonstration proves to be successful, the present village dispensaries should gradually be grouped together and expanded to become rural health units. The existing staff in the dispensaries should be sent to the pilot unit to go through a course of training to prepare them for working in the new units.

As a start the mission recommends the construction and operation of one such experimental health unit. About £S 350,000 should suffice for construction of the necessary buildings and equipment, which need not be elaborate.

Hospital Facilities[34]

743 There is unquestionably a need for many more hospitals. The principal aim in the immediate future, however, should be to build hospitals in areas which now have virtually none. For the country as a whole, there are now, in terms of the population at the beginning of 1952, 1.23 hospital beds per thousand inhabitants. The number of beds per thousand varies widely, however, from a high of 2.88 in the city and province of Damascus to 0.9 and 0.92 in the provinces of Aleppo and Homs and a low of 0.25 and 0.44 in the Jezireh and the Euphrates. Out of 44 *qadas* or counties in the country, 28 do not have any hospitals at all. A large part of the rural population is in fact denied hospital service.

An adequate program for equalizing hospital facilities would involve the provision of 3,400 beds. Over the next six years only a start can be made, by providing an additional 1,000 beds at a total cost of £S 7 million. Of this total, we suggest that 250 be allocated to the Jezireh; 300 to the Euphrates; 400 to the province of Aleppo, with perhaps 100 in the town of Jisr ech Choghour, which is likely to grow rapidly with the development of the Ghab; and 50 to Palmyra.

[34] See Annex I, p. 463.

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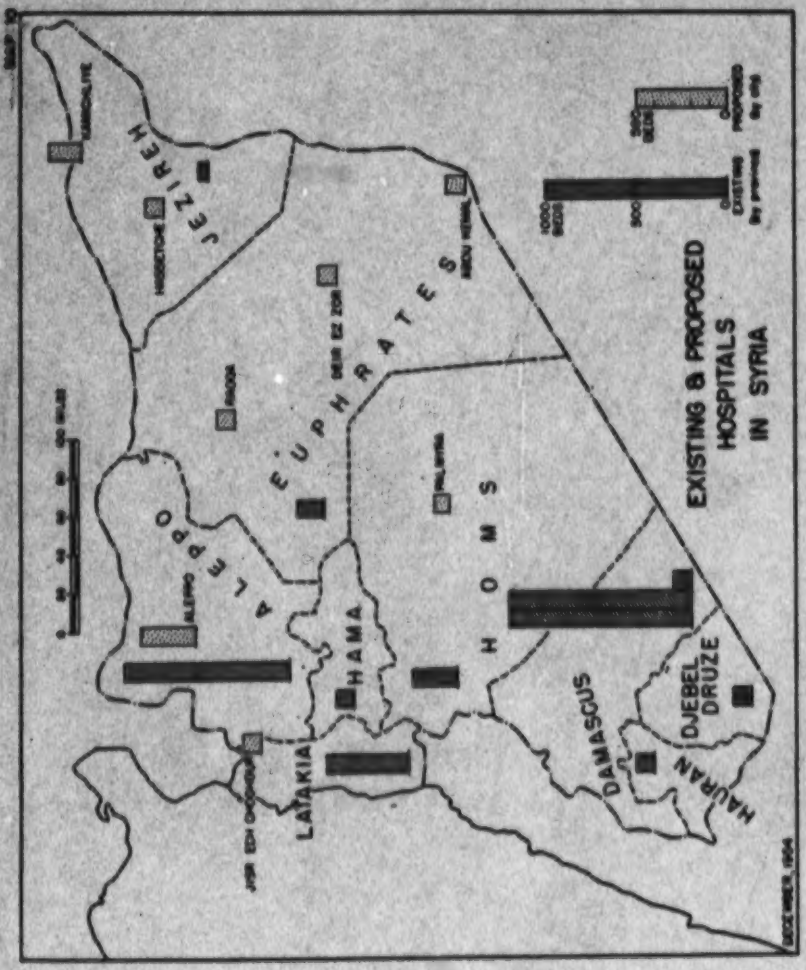

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743 In addition it would be desirable to build some new village dispensaries, which now number 96, at a cost of about £S 350,000, and to provide a similar sum for the construction of quarantine stations and minor health facilities.

To provide an adequate staff for the recommended additional medical and health facilities, the government must plan a training program. The faculty of medicine in Damascus may have to increase the enrollment of students to provide enough doctors for the new hospitals and health units. Many nurses would be needed for the hospitals, health units and dispensaries; nursing training facilities should therefore be increased. Midwives, laboratory technicians, sanitary inspectors and other medical health auxiliary personnel would also be needed to staff the new health services. The fellowships provided by WHO and the nursing education, maternal and child health and tuberculosis demonstration and training projects assisted by WHO should therefore be coordinated and if necessary expanded to meet the need for technical personnel.

In addition to the cost of the staff training program, some funds will no doubt be needed for reconstruction and expansion of hospitals; we have included £S 1 million in the recommended program for these purposes.

743 657 A revision in the methods of planning and building new health facilities appears necessary. In the past, new hospitals have frequently been built without any consultation with the Ministry of Public Health. Decisions to build have generally been made in response to local requests relayed through the Ministry of Interior, approved by the Ministry of Finance and carried out by the Ministry of Public Works. In the future the Ministry of Public Health should be enabled to plan for the construction of new facilities in accordance with a careful appraisal of the most urgent requirements. The Ministry of Public Works might well continue to do the actual construction, but in accordance with plans approved by the Ministry of Public Health and on a basis which would enable the latter Ministry to make timely preparations for the equipment and staffing of new hospitals.

Proposed Outlays

744 657 In proposing the construction program outlined above, the mission has kept in mind the need for providing additional funds for operation and administration. After taking this into account, it is expected that expendi-

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or secondary education can be built. An expenditure of £S 3 million a year would permit construction of 500 classrooms a year or about 100 new schools, without auditorium and other facilities which can be built later. At such a rate, the country's estimated future requirement of about 4,000 schools (assuming that there are already 1,000) would be fulfilled in about 30 years. Meanwhile a considerable number of schools will undoubtedly have to continue in rented buildings.

The opening of new schools will have to be carefully planned in the light of the geographic distribution of existing facilities, conditions of overcrowding, the demand for schooling as influenced by economic factors, the distance of school-age children from existing schools and the availability of teachers. Now that a considerable portion of school-age children are in fact going to school, the location of new schools must be given more thought in order to ensure that they will meet a real need.

Thought should be given to standardization of desks and equipment and for their manufacture in Syria. There are also future possibilities for local production of some other items now imported, such as slides, maps, etc.

Finally, we recommend a reorganization of the Ministry of Education. In addition to a branch of general services with sections for planning, building, inspection, etc., there may be merit in creating five other branches, to correspond to the five major aspects of the educational program: primary education, secondary education, vocational education, fundamental education and higher education.

III PUBLIC HEALTH

Hospitals and Dispensaries

The country's 24 public and 37 private hospitals have, as of the end of 1954, a total of 4,094 beds. This means only 1.19 beds[8] for over 1,000 inhabitants, as compared with 5 per 1,000 in England, the U. S. and New Zealand or the 15 per 1,000 which some authorities consider optimum for a really healthy population. Only 1,880 of the beds, or 0.56 per 1,000 inhabitants, are in general public hospitals.

[8] In this and subsequent comparisons the number of beds per 1,000 inhabitants has been calculated on the basis of the 1952 population.

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Worse than the low ratio of beds to population is their distribution. Syria is divided into 44 *qadas*, or administrative areas, the average population of which is 75,000. Twenty-eight of these have no hospitals, public or private, whereas others have as many as 4.35 beds per 1,000 inhabitants. The distribution of beds in general governmental hospitals alone is no better: 29 qadas have none at all, but in Damascus and the Hauran center the ratio is 1.67 beds per thousand inhabitants.

Some people, especially in the eastern parts of the country, are as much as 250 kilometers from the nearest hospital. Even by private automobile it would take them at least a day to reach it, and then there would be no assurance of a vacant bed. Among those who must rely on camels or donkeys, as in the rural areas, many people are at least five days' travel time from a hospital. Since a hospital is supposed to serve a population living no more than one hour away, as a practical matter a great many of the people may be said to have no access to a hospital. Thus in the two large provinces in northeastern Syria, the Jezireh and Euphrates, there is only one small public hospital at Hassetche and another at Deir ez Zor.

The inadequacy of the hospitals, especially the general ones for the most part government-owned, which serve the poorest people, is shown by the ratio between number of patients and the population of the provinces. The country-wide average for 1951 and 1952 was 8.8 patients per thousand inhabitants of each province but the proportion ranges from 18.3 for Damascus to 2.2 in the Euphrates. Recent figures for France and the United States indicate that 40-80 persons per thousand are cared for at hospitals.

Another significant factor in many of the hospitals is the small number of patients attended in relation to beds available. In the Euphrates province, for example, there were 6.8 patients per bed compared to 24.6 and 22.6 for the Damascus and Homs provinces, respectively, and a country-wide average of 15.5. If the Damascus bed-patient ratio were country-wide, the 1,880 beds in general government hospitals could serve 46,000 people annually instead of only about 29,000, thus achieving a 58% increase in service with no increase in beds. Where there is both a low ratio of hospital beds to population and a low ratio of patients to beds, as in the Euphrates province, this condition is presumably due not only to the fact that existing hospital facilities are inaccessible to most of the population, but perhaps also to the poor service provided by the hospitals.

Syria has 96 governmental dispensaries or about three per 100,000

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inhabitants.[8] Here again there is unequal distribution, ranging from 5.1 per 100,000 in the Hauran area and 3.6 in Damascus down to 2.0 in the Euphrates province. Present-day standards call for one rural hospital for every 20,000 inhabitants, yet here many areas which should, by that standard, have a hospital, lack even a dispensary.

The average number of visits at dispensaries is 202 for every thousand persons, varying from 372 in the Hauran and 363 in Damascus down to 60 in the Euphrates. Since the dispensaries operate for the most part in areas without doctors, the figures must be taken to include calls which in other circumstances would be made on private doctors. There are about 7,000 visits per year at each dispensary, or an average of 23 visits per working day.

Medical Staff

In all, the country has 880 doctors including 76 foreigners. Thus there is one doctor for every 3,800 persons. In this respect Syria's standing compared with other countries is not strikingly low. The United States, Europe and the USSR have one doctor for every 1,200 persons; Latin America, South Africa, Australia, New Zealand and Japan have one for every 1,700. But Asia (excluding the USSR and Japan) and Africa (without South Africa) have only one doctor to 12,000 persons and Iraq has one per 7,000.

Yet while Syria may not be handicapped by an actual lack of doctors, their distribution over the country is as unbalanced as that of the hospital and dispensary facilities. There are some areas with populations of 25,000, without a single doctor. As for trained nurses, midwives and other auxiliary personnel, these are in fact scarcer than doctors and constitute a problem of major importance.

The mission's proposed program, as outlined in the Main Report, would place greater stress on the prevention of disease than in the past.

It is difficult to estimate the possible cost of a full disease-prevention program; it might mean an expenditure of £S 2 per person per year or £S 7 million annually, not including the large expenditures for water supply, drainage, sewerage and other major works. Obviously a program of this magnitude cannot be recommended for Syria in the near future. A

[8] In the provinces of Damascus and Homs three touring doctors provide the same type of services as the dispensaries.

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944 more realistic minimum program would call for improvement of the water supply, vaccination against tuberculosis and anti-malaria measures.

The first step in assuring a supply of pure water at minimum cost is a survey of present and potential sources. Thereafter there should be measures for the purification of supplies, storage, transportation of pure water to the settlements, distribution to the settlements and to individual properties, and finally the provision of piped water to every building. But for many Syrian communities the construction of a network to bring water to every property is not the best way to begin, since it slows the rate at which water can be provided to new consumers. The program at first might better be confined to the survey and exploitation of new sources, storage and transportation to settlements, and distribution to key points in the settlements; only thereafter should the next steps be taken in the larger settlements.

Disease-carrying mosquitoes can be combatted either by eliminating their breeding places or by a continuous spraying program. By itself the first is too costly and would take many years, although we recommend elimination of breeding grounds in connection with the irrigation and drainage projects. By spraying, however, it has been demonstrated in many countries that the incidence of malaria can be reduced by more than 95% at a yearly cost of no more than $0.25 per capita. In Syria such a program may cost $0.35 or £S 1.25 per person protected, which means about £S 810,000 annually on the assumption that 650,000 persons must be protected. Greece has effected a saving of $1 million annually in quinine alone. An equally successful program in Syria would mean a very substantial annual saving and this would be but a fraction of the economic gains from the increased labor productivity through freedom from disease.

943 *Additional Hospital Facilities*

Any ambitious hospital building program would overtax the financial resources of the country and the available medical and auxiliary staff. Even a program to build hospitals in areas now without them and to add beds to existing hospitals in such a way as to bring them up to the population-bed ratio of Damascus would cost about £S 24 million and probably result in acute operating difficulties. We have therefore suggested that only about 1,000 beds be added to meet the most urgent requirements. The suggested distribution—250 for the Jezireh, 300 for the Euphrates, 400 for

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the province of Aleppo, and 50 for Palmyra—should be considered tentative. The new facilities should be so distributed as to make them accessible to the population which is in practice not now served by existing facilities. The location of new hospitals in the geographically extensive provinces of the Jezireh and Euphrates must be considered very carefully. Kamichliye should manifestly have a hospital, and other small hospitals might be located in both the eastern and western portions of the Jezireh. In the Euphrates province the needs of Raqqa and Abou Kemal should be considered. In the province of Aleppo a hospital will presumably be needed in Jisr ech Choghour, which will be the center of a rapidly developing region. In the location of all new hospitals the ability to provide staff must be a governing consideration.

Cost of the Six-Year Program

The mission's estimates of the cost of the various parts of the six-year public health program are shown in Table 3.

TABLE 3 Proposed Six-Year Program for Public Health, 1955-60

(*Thousand £S*)

Projects	Total	Annual average
Anti-malaria	2,750	460
Water supply	*	—
Dispensaries	350	58
Total for preventive medicine	3,100	518
Alteration of existing hospitals	1,000	167
1,000 more beds	7,000	1,165
Health centers	350	58
Total for curative medicine	8,350	1,390
Minor health facilities	300	50
TOTAL PROGRAM	11,750	1,960
Total investment	10,250	1,710
Operation of new program	1,500	250
General administrative and operating expenditures, including training	62,400	10,400
TOTAL OPERATION	63,900	10,650
TOTAL OF EXPENDITURES	74,150	12,360

* The amounts necessary for pure water supply are included in the expenditures for the over-all water supply program.

المراض المعالجون في المستوصفات الصحية حسب الامراض والمحافظات ١٩٥١

PATIENTS ATTENDED TO AT CLINICAL CENTRES BY MOHAFAZAT AND DISEASES, 1951.

Table No. 7

جدول رقم ٧

MOHAFAZAT	Total No. of patients	Diseases												
		العين Eyes	الاذنية والحنجرة Ears and Throat	الفم واسنانه Digestive system	الصدر Respiratory system	البولية التناسلية Urinary and genital	الجلدية Skin	الجراحية Surgical	الافرنكية Syphilis	الزهرية Malaria	الدرنية Tuberculosis	الثانوية Infectious	السرطانية Cancerous	المحافظات
All Mohafazat	722,462	87,284	110,705	117,206	88,049	29,955	66,220	67,120	8,696	113,184	10,908	8,308	31,226	مجموع المحافظات
Damascus	287,476	33,802	46,341	51,309	20,881	13,791	26,504	34,018	1,151	30,616	3,179	1,304	2,612	دمشق
Homs	109,686	10,536	10,749	8,416	5,806	1,582	7,284	9,054	401	14,128	2,149	887	27,448	حمص
Hama	30,187	1,343	3,152	6,244	3,781	2,149	1,981	2,194	915	5,247	130	69	375	حماة
Latakia	103,984	7,887	9,902	12,602	7,202	1,563	10,382	5,419	553	19,986	269	267	27,445	اللاذقية
Aleppo	136,286	21,018	22,791	20,710	8,677	4,035	10,088	6,497	4,331	22,082	2,154	1,021	8,995	حلب
Al-Hasakah	15,443	1,795	2,037	1,692	1,230	676	1,823	1,681	137	3,704	56	4	849	الحسكة
Deir-ez-Zor	15,370	2,300	1,823	1,852	978	550	1,017	1,887	814	3,028	210	72	750	دير الزور
Swaida	30,910	3,096	4,909	6,986	4,089	893	2,509	1,136	196	3,966	90	737	1,593	السويداء
Tib'a	44,020	6,979	8,124	7,145	2,381	1,036	4,073	5,375	145	5,771	636	394	1,396	درعا

Source : Ministry of Health.

المصدر : وزارة الصحة والاسعاف العام

الصحة والاسعاف العام

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المرضى المعالجون في المستوصفات الصحية حسب الأمراض والمحافظات ١٩٥٢

PATIENTS ATTENDED TO AT CLINICAL CENTRES, BY MOHAFAZAT AND DISEASES, 1952.

Table No. 8.

جدول رقم ٨

المحافظات	الأمراض Diseases												All Mohafazat	المجموع العام Total of Nations
	الباردة Pneumonia	الباردة Bronchitis	الدرنية Tuberculosis	الدرنية العامة Tuberculosis	الدرنية العظمية Tuberculosis	الزهرية Syphilis	الزهرية Venereal	الزهرية Syphilis	الزهرية Venereal	الجذام Leprosy	الملاريا Malaria	الباقي Others		
مجموع المحافظات	٥٤,٧٥٥	٥,٩٢١	٤,٨١٩	٥,٩٩٩	٦,٠٤٤	٢٥,٥٤٥	٤٥,٥٥٥	٤,٥٩٩	٢٥,٧٩٤	٤,٨١٩	٥,٩٢١	٥٤,٧٥٥	Total	٤٥٧,٤٢٥
دمشق	٢,٢٥٥	٢,٢٧٤	١,٩٧٥	٢٢,٩٤٥	٢٥,٥٥٥	٢٥,٧٥٥	٢٥,٥٥٥	٢٥٥	٢٢,٩٤٥	١,٩٧٥	٢,٢٧٤	٢,٢٥٥	Damascus	٢٢٥,٢٢٥
حمص	٢٥,٧٥٥	٤٧	٦	٢٢,٠٤٥	٢,٢٥٤	٨٥٤	٢,٢٥٤	٨٥٤	٢٢,٠٤٥	٦	٤٧	٢٥,٧٥٥	Homs	٢٥,٧٧٠
حماة	٨٢٧	٩	٤٧	٨,١٧٥	٢,٢١٤	٨٢٥	٢,٢١٤	٨٢٥	٨,١٧٥	٤٧	٩	٨٢٧	Hama	٢٤,٥٢١
اللاذقية	٢٥,٨٢٢	٨٥١	٤٧٣	٢٢,٠٢٢	٢,٢١٢	٧٩٥	٢,٢١٢	٧٩٥	٢٢,٠٢٢	٤٧٣	٨٥١	٢٥,٨٢٢	Latakia	١٢٥,٧٧٠
حلب	٢,٥٤٥	٢,٥٥٥	٨,٤١٧	١٧,٧٥٥	٨,٩٧٥	٨,٥٥٥	٨,٩٧٥	٨,٩٧٥	١٧,٧٥٥	٨,٤١٧	٢,٥٥٥	٢,٥٤٥	Aleppo	١٥٥,٥٢٥
المعدنة	٤٥٥	٢٥	٢	٢٥٥	١٥٥	١٧٥	١٥٥	٤	٢٥٥	٢	٢٥	٤٥٥	Al-Hasakah	٢,٥٥٥
دير الزور	٢,١٥١	٨٥	٤٧٧	٨,٢٤٢	٢,١٨٥	١,٤٥٥	٤١٥	٥٤١	٨,٢٤٢	٤٧٧	٨٥	٢,١٥١	Deir-ez-Zor	١٥,٧٥٥
السويداء	٧٧٥	١٤١	١١٥	١,٩١٢	١,٢٥٥	٩٤٢	٢,٥٤٢	٤٥	١,٩١٢	١١٥	١٤١	٧٧٥	Sweida	٢٢,٥٤٤
درعا	٢,٢٥٤	٢١٢	١٢١	١٥,٥٤١	٤,٥٥٥	٤,٥٥٥	٤,٥٥٥	١٢٥	١٥,٥٤١	١٢١	٢١٢	٢,٢٥٤	Dar'a	٢٤,٥٥٥

المصدر : وزارة الصحة والاسعاف العام

Source : Ministry of Health.

المرضى المعالجون في المستوصفات الصحية حسب الأمراض والمحافظات ١٩٥٢
PATIENTS ATTENDED TO AT CLINICAL CENTERS, BY MOHAFAZAT AND DISEASES, 1952.

Table No. 9

جدول رقم ٩

Mohafazat	المحافظات	مجموع المراجعين Total of Patients	Diseases الأمراض												
			العين Eyes	الأذن والحنجرة Ears and Throat	الجهاز الهضمي Digestive system	الجهاز التناسلي Genital and Urinary	الجلدية Skin	الزهرية Venereal	الأمراض العقلية Mental	الرئوية Chest	الدرن Tuberculosis	الملاريا Malaria	الجدري Smallpox
All Mohafazat		624,224	67,201	100,070	133,717	56,979	25,081	34,923	51,020	2,730	56,899	8,135	7,156	62,325
Damascus	دمشق	202,604	27,029	42,904	51,167	30,219	13,473	31,434	50,114	201	21,139	2,820	3,575	3,447
Homs	حمص	51,457	7,210	10,681	7,487	5,717	1,896	5,137	7,208	54	13,213	7	114	22,336
Hama	حماة	43,211	1,836	5,772	11,276	5,489	2,494	3,716	2,529	895	5,856	88	212	3,103
Lattakia	اللاذقية	24,502	5,343	13,766	12,146	7,210	1,423	5,470	4,429	90	10,208	980	196	22,348
Aleppo	حلب	105,715	7,221	18,356	20,686	8,301	4,210	7,105	5,850	1,183	25,210	2,974	2,886	6,350
Al-Hasakah	الحسكة	11,022	849	1,896	2,302	714	125	747	672	3	2,476	2	73	1,486
Deir-es-Zor	دير الزور	22,204	4,021	5,824	5,226	771	877	2,234	2,139	427	5,494	614	261	203
Suwaida	السويداء	15,125	2,440	2,209	3,987	1,457	413	1,577	321	1	980	17	13	1,877
Dar'a	درعا	97,542	10,530	5,734	9,956	4,941	883	5,295	6,458	24	9,110	331	197	1,728

Source : Ministry of Health.

المصدر : وزارة الصحة والاسعاف العام

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المرضى المعالجون في المستوصفات الصحية حسب المحافظات والجنس ١٩٥١
PATIENTS ATTENDED TO AT CLINICAL CENTRES BY MOHAFAZAT AND SEX, 1951

Table No. 10

جدول رقم ١٠

Mohafazat	مجموع عدد المرضى Total number of patients	رجال Men	نساء Women	أطفال Children	المحافظات
All Mohafazat	732,482	204,579	237,025	290,554	مجموع المحافظات
Damascus	297,476	68,302	92,469	136,214	دمشق
Homs	109,896	31,799	36,980	41,117	حمص
Hama	30,187	6,599	11,008	12,540	حماة
Latakia	103,964	30,936	33,120	41,214	اللاذقية
Aleppo	126,396	34,441	52,883	49,104	حلب
Al-Hasakah	12,643	4,913	5,010	5,020	الحسكة
Deir-ez-Zor	15,370	4,966	5,371	5,013	دير الزور
Suweida	26,910	8,767	6,640	13,503	السويداء
Dar'a	44,029	17,076	12,723	13,900	درعا

Source : Ministry of Health.

المصدر : وزارة الصحة والاسعاف العام

المرضى المعالجون في المستوصفات الصحية حسب المحافظات والجنس ١٩٥٢
PATIENTS ATTENDED TO AT CLINICAL CENTERS BY MOHAFAZAT AND SEX, 1952

Table No. 11

جدول رقم ١١

MOHAFAZAT	مجموع عدد المرضى Total number of patients	رجال Men	نساء Women	اطفال Children	المحافظات
All Mohafazat	697,429	186,709	205,906	285,814	مجموع المحافظات
Damascus	209,228	61,329	48,852	100,047	دمشق
Homs	78,770	23,961	27,637	27,172	حمص
Hama	34,631	7,616	15,145	11,870	حماة
Lataikia	119,770	36,974	38,314	44,482	اللاذقية
Aleppo	100,033	27,386	37,223	35,424	حلب
Al-Hasakah	2,897	999	840	918	الحسكة
Deir-ez-Zor	15,740	4,322	4,089	7,329	دير الزور
Suwaida	22,504	7,495	6,111	8,898	السويداء
Dir'a	54,056	15,903	17,592	20,084	درعا

Source : Ministry of Health.

المصدر : وزارة الصحة والاسعاف العام

الصحة والاسعاف العام
1943
1954

HEALTH

المرضى المعالجون في المستوصفات الصحية حسب المحافظات والجنس ١٩٥٢
PATIENTS ATTENDED TO AT CLINICAL CENTERS BY MOHAFAZAT AND SEX, 1952

Table No. 13

جدول رقم ١٣

MOHAFAZAT	مجموع عدد المرضى Total number of patients	رجال Men	نساء Women	اطفال Children	المحافظات
All Mohafazat	694,004	185,454	296,690	209,260	مجموع المحافظات
Damascus	232,064	65,752	86,699	110,613	دمشق
Homs	81,437	24,530	29,069	27,838	حمص
Hama	43,311	9,666	18,351	15,294	حماة
Latakia	94,593	24,548	29,328	40,717	اللاذقية
Aleppo	166,709	35,224	42,432	34,967	حلب
Al-Hasakeh	11,065	3,990	3,972	4,068	الحسكة
Deir-es-Zor	22,536	5,527	6,205	10,374	دير الزور
Suwida	15,123	5,548	5,796	3,789	السويداء
Dir'a	87,842	17,569	18,648	21,685	درعا

Source : Ministry of Health.

المصدر : وزارة الصحة والاسعاف العام

حركة المرضى المعالجين في المستشفيات الحكومية حسب الامراض ١٩٥١

PATIENTS ATTENDED TO AT GOVERNMENT HOSPITALS BY TYPE OF DISEASE, 1951

Table No. 12 — جدول رقم ١٢

Name of Hospital	Mohafazat	Total No. of patients (1) — مجموع عدد المرضى (١)	DISEASES — الامراض: Ordinary (2) — العادية (٢)	Infectious — السارية	Surgical — الجراحية	Venereal and Skin — الزهرية والجلدية	Mental and Nervous — العقلية والعصبية	المحافظات	المستشفيات
Total	—	31,578	12,211	2,196	15,732	803	584	—	المجموع
Watani Hospital	Damascus	13,691	3,431	268	8,770	122	—	دمشق	المستشفى الوطني
Ibn Zahr Hospital	»	266	—	—	—	266	—	»	مستشفى ابن زهر
Ibn Sina Hospital	»	490	—	—	—	—	490	»	» ابن سينا
Ibn Nafis Sanatorium	»	183	—	183	—	—	—	»	مصح ابن النفيس
The Surgical Hospital	»	581	—	—	581	—	—	»	المستشفى الجراحي
Ibn-al-Walid Sanatorium	»	165	—	165	—	—	—	»	مصح ابن الوليد
Infectious diseases hospital	»	213	—	213	—	—	—	»	مستشفى الامراض السارية
Dir'a Hospital	Dir'a	1,372	957	107	408	—	—	درعا	مستشفى درعا
Sweida Hospital	Sweida	901	628	116	350	1	—	» السويداء	» السويداء
Homs Hospital	Homs	2,362	1,223	151	977	1	—	» حمص	» حمص
Latakia Hospital	Latakia	3,078	1,446	341	1,271	20	—	» اللاذقية	» اللاذقية
Tartus Hospital	»	1,821	1,237	213	254	17	—	» طرطوس	» طرطوس
Hama Hospital	Hama	1,021	363	4	654	—	—	» حماة	» حماة
Watani Hospital (2)	Aleppo	2,537	2,509	10	—	—	18	حلب	المستشفى الوطني (٢)
Siphilis Hospital	»	211	—	—	—	211	—	»	مستشفى الزهري
Ar-Razi Hospital (3)	»	2,119	20	—	2,099	—	—	»	» الرازي (٣)
Ibn Rushd Hospital	»	233	—	233	—	—	—	»	» ابن رشد
Al-Hamiyat Hospital	»	230	—	144	—	—	86	»	» الحميات
Al-Bab Hospital	»	65	60	—	5	—	—	»	» قضاء الباب
Deir-ez-Zor Hospital	Deir-ez-Zor	510	247	—	228	35	—	دير الزور	» دير الزور
Al Hasak... Hospital	Al-Hasakeh	429	280	30	120	—	—	الحسكة	» الحسكة

Source : Ministry of Health.

1) Including patients of the previous year.
2) Including the three sections : Optical, mental, and throat, ear and nasal diseases.
3) Including the surgical section.
4) Including optical cases at the Watani Hospital.

المصدر : وزارة الصحة والاسعاف العام

(١) بما في ذلك المرضى المتبقين من السنة الماضية
(٢) بما في ذلك فروع المستشفى الثلاثة : الامراض العينية ، المجاليب والامراض الحلق والاذن والانف
(٣) بما في ذلك فرع الجراحة
(٤) وتشمل الامراض العينية في المستشفى الوطني

الصحة والتسليف العام

17: Syria C-5 (1951) 1954 MD1 Syria MD1
—69—
HEALTH

حركة المرضى في المستشفيات الحكومية حسب الأمراض ١٩٥٢

PATIENTS ATTENDED TO AT GOVERNMENT HOSPITALS BY TYPE OF DISEASE, 1952

Table No. 14

جدول رقم ١٤

Name of Hospital	Mohafazat	Total No. of patients (1)	DISEASES					المستشفيات	المحافظات	مجموع عدد المرضى (١)	الأمراض
			Ordinary (2)	Surgical	Internal Diseases	Venereal Diseases and Skin	Throat, Nose and Ear				
Total		31,474	12,469	3,197	14,238	1,571	973	المجموع	—		
Watani Hospital	Damascus	12,773	3,907	315	8,236	269	—	المستشفى الوطني	دمشق		
Ibn Zohr Hospital	"	344	—	—	—	344	—	مستشفى ابن زهر	"		
Ibn Sina Hospital	"	972	—	—	—	—	972	مستشفى ابن سينا	"		
Infectious diseases hospital	"	517	—	517	—	—	—	مستشفى الأمراض السارية	"		
Ibn Nafis Sanatori.	"	403	—	403	—	—	—	(المصير القصي)	"		
The Surgical Hospital	"	250	97	—	153	—	—	مستشفى ابن النفيس	"		
Ibn-al-Walid Sanatorium	"	188	—	188	—	—	—	مستشفى الجراحي	"		
Dir'a Hospital	Dir'a	1,003	501	333	309	—	—	مستشفى ابن الوليد	درعا		
Sweida Hospital	Sweida	505	238	71	196	2	—	مستشفى درعا	"		
Homs Hospital	Homs	3,170	980	196	994	—	—	مستشفى السويداء	السويداء		
Latakia Hospital	Latakia	2,744	1,236	219	1,160	36	—	مستشفى حمص	حمص		
Tartus Hospital	"	1,488	1,375	97	113	3	—	مستشفى اللاذقية	اللاذقية		
Hama Hospital	Hama	1,190	489	38	653	—	—	مستشفى طرطوس	طرطوس		
Watani Hospital (3)	Aleppo	2,291	2,291	—	—	—	—	مستشفى حماة	حماة		
Al-Hemiyat Hospital for infect. diseases	"	517	—	517	—	—	—	المستشفى الوطني (٣)	حلب		
Syphilis Hospital	"	699	—	—	—	699	—	مستشفى الجدري للأمراض السارية	"		
Ar-Razi Hospital (3)	"	2,989	—	—	2,989	—	—	مستشفى الزهري	"		
Ibn Rushd Hospital	"	334	—	334	—	—	—	مستشفى الرازي (٣)	"		
Al-Bab Hospital	"	43	37	—	6	—	—	مستشفى ابن رشد	"		
Deir-ez-Zor Hospital	Deir-ez-Zor	822	378	1	176	39	—	مستشفى قلعة الباب	"		
Al Hasakeh Hospital	Al-Hasakeh	630	482	8	146	14	—	مستشفى دير الزور	دير الزور		
									الحسكة		

Source : Ministry of Health.

1) Including patients of the previous year.

2) Including the three sections : Optical, mental, and throat, ear and nasal diseases.

3) Including the surgical section.

4) Including optical cases at the Watani Hospital.

المصدر : وزارة الصحة والإسعاف العام

(١) بما في ذلك المرضى الباقين من السنة الماضية

(٢) بما في ذلك فروع المستشفى الثلاثة : الأمراض العينية ، المصابيب والأمراض الحلق والأذن والأنف

(٣) بما في ذلك فرع الجراحة

(٤) [illegible]

حركة المرضى في المستشفيات الحكومية حسب الامراض ١٩٥٢

PATIENTS ATTENDED TO AT GOVERNMENT HOSPITALS BY TYPE OF DISEASE, 1952

Table No. 15

جدول رقم ١٥

Name of Hospital	Mohafaza	Total No. of patients (1)	DISEASES					المحافظات	المستشفيات
			Ordinary (2)	Infectious	Surgical	Skin and Skin	Mental and Nervous		
			عادية (٢)	سارية	جراحية	جلدية وزهرية	عقلية وعصبية		
Total	—	22,069	11,808	3,410	14,907	1,213	731	—	المجموع
Watani Hospital	Damascus	13,199	3,353	179	8,466	250	—	دمشق	المستشفى الوطني
Ibn Zahr Hospital	»	289	—	—	—	289	—	»	مستشفى ابن زهر
Ibn Sina Hospital	»	615	—	—	—	—	615	»	مستشفى ابن سينا
Infectious diseases hospital	»	—	—	—	—	—	—		
Ibn Nafis Sanatorium	»	506	—	506	—	—	—	»	مستشفى الامراض السارية
The Surgical Hospital	»	389	—	389	—	—	—	»	مصح ابن النفيس
Ibn-el-Walid Sanatorium	»	190	39	—	151	—	—	»	المستشفى الجراحي
Dir'a Hospital	Dir'a	1,616	951	190	—	—	—	»	مصح ابن الوليد
Sweida Hospital	Sweida	625	281	288	605	—	—	درعا	مستشفى درعا
Homs Hospital	Homs	2,362	1,230	60	226	—	—	السويداء	» السويداء
Latakia Hospital	Latakia	3,197	1,696	200	573	—	—	حمص	» حمص
Tartus Hospital	»	1,349	1,082	283	1,205	33	—	اللاذقية	» اللاذقية
Hama Hospital	Hama	1,221	474	41	115	2	—	طرطوس	» طرطوس
Watani Hospital (2)	Aleppo	1,753	1,719	31	716	—	—	حماة	» حماة
Al-Hamiyat Hospital	»	930	85	7	27	—	—	حلب	المستشفى الوطني (١)
Biblia Hospital	»	607	—	875	—	—	—	»	مستشفى الحميات
A.-Rasi Hospital (3)	»	2,175	14	—	—	607	—	»	مستشفى الزهري
Ibn Rashd Hospital	»	373	—	—	2,161	—	—	»	مستشفى الرازي (٣)
Al-Dweirina Hospital	»	116	—	373	—	—	—	»	» ابن رشد
Al-Bab Hospital	»	1	1	—	—	—	—	»	» الدويرينا
Deir-ez-Zor Hospital	Deir-ez-Zor	634	289	—	—	—	116	»	» قضاء الباب
Al Hasakeh Hospital	Al-Hasakeh	662	485	10	220	39	—	دير الزور	» دير الزور
					161	3	—	الحسكة	» الحسكة

Source : Ministry of Health.

1) Including patients of the previous year.

2) Including the three sections : Optical, mental, and throat, ear and nasal diseases.

3) Including the surgical section.

4) Including optical cases at the Watani Hospital.

المصدر : وزارة الصحة والاسعاف العام

(١) بما في ذلك المرضى المتبقين من السنة الماضية

(٢) بما في ذلك فروع المستشفى الثلاثة : للامراض العينية ، والمجاذيب ، ولامراض الحلق والاذن والانف

(٣) بما في ذلك فرع الجراحة

(٤) وتشمل امراض العينية في المستشفى الوطني

وزارة الصحة والاسعاف العام
1643
1642

1943
1952

حركة المرضى في المستشفيات الحكومية ١٩٥١

PATIENTS AT GOVERNMENTS HOSPITALS 1951

Table No. 16

جدول رقم ١٦

Name of Hospital	Mohafaat	مجموع عدد الأسرة Number of beds	مجموع عدد المرضى (١) Number of patients (2)	المرضى الخارجيون Outgoing Patients: ذكور Males	المرضى الخارجيون Outgoing Patients: إناث Females	المرضى الباقون في نهاية السنة Patients remaining end year	عدد أيام المكث No. of day in hospital	المحافظات	المستشفيات
Total		**1,890**	**31,578**	**29,006**	**1,112**	**1,460**	**668,854**		**المجموع**
Watani Hospital	Damascus	435	12,981	11,730	574	267	143,906	دمشق	المستشفى الوطني
Ibn Zahr Hospital	«	75	306	306	—	10	2,795	«	مستشفى ابن زهر
Ibn Sina Hospital	«	220	490	137	19	314	104,137	«	مستشفى ابن سينا
Infectious diseases hospital	«	80	213	198	6	9	2,886	«	مستشفى الامراض السارية
Ibn Nafis Sanatorium	«	85	189	61	9	113	35,832	«	مصح ابن النفيس
The Surgical Hospital	«	80	581	506	1	14	8,001	«	المستشفى الجراحي
Ibn-al-Walid Sanatorium	«	75	195	64	2	89	38,734	«	مصح ابن الوليد الجلدية
Dir'a Hospital	Dir'a	80	1,372	1,281	43	30	16,838	درعا	مستشفى درعا
Sweida Hospital	Sweida	30	901	850	36	15	10,418	السويداء	« السويداء
Homs Hospital	Homs	75	2,362	2,227	59	66	23,860	حمص	« « حمص
Latakia Hospital	Latakia	150	3,078	2,850	110	73	32,085	اللاذقية	« « اللاذقية
Tartus Hospital	«	40	1,821	1,773	24	19	11,906	طرطوس	« « طرطوس
Hama Hospital	Hama	80	1,021	940	37	35	23,415	حماة	« « حماة
Watani Hospital (2)	Aleppo	150	2,537	2,407	46	84	31,180	حلب	المستشفى الوطني (٢)
Al-Hamiyat Hospital	«	40	230	196	12	19	5,472	«	مستشفى الحميات
Siphilis Hospital	«	40	211	209	—	2	2,210	«	مستشفى الزهري
Ar-Razi Hospital (3)	«	100	2,119	1,970	107	42	20,906	«	« « الرازي (٣)
Ibn Rushd Hospital	«	40	223	113	13	80	35,977	«	« « ابن رشد
Al-Bab Hospital	«	10	65	65	—	—	1,084	«	« « الباب
Deir-es-Zor Hospital	Deir-es-Zor	80	510	493	7	10	8,533	دير الزور	« « دير الزور
Al Hassiah Hospital	Al-Hassiah	35	439	413	12	4	3,300	الحسكة	« « الحسكة

Source : Ministry of Health.

1) Including patients of the previous year.

2) Including the three sections : Optical, mental, and throat, ear and nasal diseases.

3) Including the surgical section.

المصدر : وزارة الصحة والاسعاف العام

(١) بما في ذلك المرضى القيمين من السنة الماضية

(٢) بما في ذلك فروع المستشفى الثلاثة : الامراض العقلية ، السحاليب والامراض الحلق والاذن والانف

(٣) بما في ذلك فرع الجراحة

حركة المرضى في المستشفيات الحكومية ١٩٥٢

PATIENTS AT GOVERNMENT HOSPITALS 1952

Table No. 17

جدول رقم ١٧

Name of Hospital	Muhafazat	Number of beds	Number of patients (1)	Discharged Patients: Cured	Discharged Patients: Deceased	Patients remaining end year	No. of days in hospital	المحافظات	المستشفيات
Total	—	2,400	31,474	28,812	1,206	1,456	580,229	—	المجموع
Watani Hospital	Damascus	435	12,778	11,790	641	347	171,937	دمشق	المستشفى الوطني
Ibn Sahr Hospital	"	25	244	240	—	4	2,943	"	مستشفى ابن زهر
Ibn Sina Hospital Infectious diseases	"	320	572	190	28	307	130,923	"	" ابن سينا
Ibn Nafis Sanatorium hospital	"	80	517	486	14	17	7,642	"	مستشفى الامراض الصدرية (المصير الصحي)
The Surgical Hospital	"	200	403	356	19	128	38,284	"	مسلخ ابن النفيس
Ibn-al-Walid Sanatorium	"	100	260	242	—	—	2,654	"	المستشفى الجراحي
Dir'a Hospital	Dir'a	130	158	55	2	101	35,037	"	مصح ابن الوليد الجذامي
Sweida Hospital	Sweida	100	1,803	1,513	55	35	12,503	درعا	مستشفى درعا
Homs Hospital	Homs	80	526	497	12	17	6,369	السويداء	" السويداء
Latakia Hospital	Latakia	160	3,170	2,937	70	63	31,356	حمص	" حمص
Tartus Hospital	"	80	2,744	2,549	109	86	30,811	اللاذقية	" اللاذقية
Hama Hospital	Hama	80	1,492	1,459	11	23	10,178	طرطوس	" طرطوس
Watani Hospital (2)	Aleppo	120	1,190	1,130	33	28	14,816	حماة	" حماة
Al-Hamiyat Hospital for infect. diseases	"	120	2,391	2,186	74	81	26,318	حلب	المستشفى الوطني (٢)
Siphlis Hospital	"	40	417	393	11	13	8,851	"	مستشفى الحميات والامراض السارية
Ar-Razi Hospital	"	30	459	456	—	3	2,736	"	مستشفى الزهوري
Ibn Rushd Hospital	"	100	2,060	1,909	97	44	20,977	"	مستشفى الرازي
Al-Bab Hospital	"	120	334	322	17	95	31,934	"	" ابن رشد
Dair-ez-Zor Hospital	Dair-ez-Zor	20	43	43	—	—	940	"	" قلعة الباب
Al Hasakah Hospital	Al-Hasakah	40	620	601	9	17	8,108	دير الزور	" دير الزور
						10	3,589	الحسكة	" الحسكة

Source : Ministry of Health.

1) Including patients of the previous year.

2) Including the three sections : Optical, mental, and throat, ear and nasal diseases.

المصدر : وزارة الصحة والاسعاف العام

(١) بما في ذلك المرضى المتبقين من السنة الماضية

(٢) بما في ذلك فروع المستشفى الثلاثة : الامراض العينية ، المجاليب والامراض الحلق والاذن والانف

قسمة الاحصاء العام

حركة المرضى في المستشفيات الحكومية ١٩٥٢
PATIENTS AT GOVERNMENT HOSPITALS 1952

Table No. 18 — جدول رقم ١٨

Name of Hospital	Mohafaat	Number of Beds — عدد الاسرة	Number of patients (1) — مجموع المرضى (١)	Outgoing Patients — المرضى الخارجون: Cured — شفاء	Deceased — وفاة	Patients remaining end year — المرضى الباقون الى نهاية السنة	No. of days in Hospital — عدد ايام المكث	المحافظات	المستشفيات
Total	—	2,900	32,089	29,182	1,342	1,639	613,473	—	المجموع
Watani Hospital	Damascus	495	12,190	11,302	632	356	154,190	دمشق	المستشفى الوطني
Ibn Zuhr Hospital	»	25	269	262	—	7	2,921	»	مستشفى ابن زهر
Ibn Sina Hospital	»	250	615	340	24	251	137,312	»	مستشفى ابن سينا
Infectious diseases hospital	»	50	596	476	24	6	5,536	»	مستشفى الامراض السارية
Ibn Nafis Sanatorium	»	200	289	190	13	175	56,810	»	مصح ابن النفيس
The Surgical Hospital	»	200	190	165	1	24	3,130	»	المستشفى الجراحي
Ibn-al-Walid Sanatorium	»	120	190	76	3	111	37,246	»	مصح ابن الوليد «الطلام»
Dir'a Hospital	Dir'a	100	1,814	1,735		30	13,702	درعا	مستشفى درعا
Suweida Hospital	Suweida	50	635	573	15	37	8,805	السويداء	» السويداء
Homs Hospital	Homs	100	2,392	2,225	51	59	22,000	حمص	» حمص
Latakia Hospital	Latakia	150	3,157	2,990	116	51	33,306	اللاذقية	» اللاذقية
Tartus Hospital	»	60	1,240	1,193	21	26	5,663	»	» طرطوس
Hama Hospital	Hama	80	1,221	1,150	43	28	10,377	حماة	» حماة
Watani Hospital (2)	Aleppo	120	1,783	1,605	62	85	21,300	حلب	المستشفى الوطني (٢)
Al-Hamlyat Hospital	»	40	930	906	16	6	11,826	»	» الحميات
Syphilis Hospital	»	20	607	601	—	6	3,445	»	مستشفى الزهري
Ar-Razi Hospital (3)	»	100	2,175	2,022	100	53	19,974	»	مستشفى الرازي (٣)
Ibn Rushd Hospital	»	120	373	258	9	106	39,033	»	» ابن رشد
Al-Dweirina Hospital	»	100	116	42	7	67	12,880	»	» الدويرينا
Al-Bab Hospital	»	10	1	1	—	—	8	»	» قضاء الباب
Deir-es-Zor Hospital	Deir-es-Zor	80	634	606	9	19	8,182	دير الزور	» دير الزور
Al-Hasakeh Hospital	Al-Hasakeh	40	662	630	14	9	4,029	الحسكة	» الحسكة

Source : Ministry of Health.
1) Including patients of the previous year.
2) Including the three sections : Optical, mental, and throat, ear and nasal diseases.
3) Including the surgical section.

المصدر : وزارة الصحة والاسعاف العام
(١) بما في ذلك المرضى الباقين من السنة الماضية
(٢) بما في ذلك فروع المستشفى الثلاثة : الامراض العينية ، والمجاليب ، والامراض الحلق والاذن والانف
(٣) بما في ذلك فرع الجراحة

44:Matthews and Akrawi S, G-3 (1945-1946)1949 MI Middle East
SYRIA MDI

yearly and final examinations lead to the diploma in nursing or in nursing and midwifery.

The Faculty of Medicine has one hospital of 160 beds and another with 60 beds in obstetrics. It has also an outpatient clinic. The School of Dentistry has 13 dental chairs. Laboratories in chemistry, physics, anatomy, biochemistry, histopathology, and other subjects are located mostly in the nearby old building of the religious school of Sultan Sulayman. The laboratories on the whole are of modest proportions and the building is unfit for them.

The Faculty of Law

The Faculty of Law gives a course of three years above the second *baccalauréat*. With the shortening of the secondary course it is hoped to lengthen the course to four years. Students are prepared to be lawyers, judges in civil courts, and judges in Shar' (Muslim law) courts. Many of the graduates become government officials. The examinations leading to the degree of *Licence* in Law are conducted by committees consisting usually of two professors and a prominent judge, lawyer, or government official for each of the subjects. These external examiners are appointed by the Minister of Education. Graduates must work in a law office for two years before being licensed to practice before the courts. The government when endeavoring to fill a legal office holds its own special examinations which in the case of filling a vacancy in the Shar' courts include examinations in Muslim law.

Study at the Faculty of Law relies heavily on lectures. A student is permitted to absent himself from up to 50 percent of the lectures. A long period is allowed at the end of the year for the final examinations. Naturally, cramming at the end of the year is the prevailing practice.

The University library consists of 12,000 volumes, mainly in Arabic, French, and English. Books may be read in the library and are lent outside the library only to members of the teaching staff.

Student registration in 1945–46 was as follows:

Faculty	Enrollment
Medicine	256
Pharmacy	59
Dentistry	32
Nursing and midwifery	49
P.C.B. class	103
Law	541
Total	1,040

83 Simmons et al G-5 (1941-1951) 1954
M1 Middle East
SYRIA MD 1

744 The Department of Public Health Affairs has divisions dealing with the control of communicable diseases, endemic diseases, maternal and child health, community health education, nutritional problems and rural health. A subordinate branch concerned with the control of tuberculosis is
● 743 included under communicable diseases. Responsibility for the maintenance of hospitals and other medical care facilities, in both urban and rural areas, is centralized in the Department of Hospitals and Clinics, while the over-all supervision of government institutions is delegated to the Department of Inspections. The Department of Public Health Laboratories operates diagnostic, biologic and rabies control units. The activities of the Ministry in each of the 9 *muhafazats*, or provinces, are conducted by provincial health departments.

744 Health organizations which function under the municipal authorities, independently of the Ministry, exist in Damascus, Aleppo, Homs and Hama. They are concerned primarily with the enforcement of sanitary measures and the control of communicable diseases, and do not support hospital or dispensary services.

Medical officers under the jurisdiction of the Ministry of the Interior are stationed in each of the municipalities, and furnish medical care to certain indigent population groups. The Ministry of Health co-operates in the provision of technical services when needed. The veterinary division of the Ministry of Agriculture maintains services for the inspection of meat and milk supplies in conjunction with the municipal health departments. The Ministry of National Economy supervises the health conditions in industry, and passes upon compensation regulations. The Department of Statistics in this Ministry is responsible for the compilation and the publication of vital and other statistics. The Ministry of Education sponsors an annual preregistration health examination of schoolchildren, and plans to organize a school health program in Damascus in the near future.

63.Simmons et al G-8 (1941-1951) 1964
MI Middle East
SYRIA MD1

749 The Red Crescent Society carries on a campaign against tuberculosis throughout the country, and operates a tuberculosis dispensary in Damascus. The Goutte de Lait Society of Damascus supports infant welfare services in association with the government's maternal and child health center.

The Near East Foundation initiated a comprehensive rural demonstration program in villages near Damascus in 1946, in conjunction with the Ministries of Agriculture, Education and Health. In addition to activities for the improvement of agriculture, it operates 5 child health centers, each serving 10 to 20 villages. Courses are conducted at the largest center for the training of local village midwives in improved technics of midwifery. When the program was expanded in 1951, the Foundation planned for the development of co-ordinated maternity and child health services, including well-child clinics and home visiting, in the village centers and the organization of a special course for the training of rural sanitarians. Since 1949, it has participated with
747 744 the government health authorities and the successive agencies working for the relief of the Palestinian refugees in a malaria control program, based on residual spraying with DDT preparations, or Gammexane, in villages in the Damascus region. In 1950, it co-operated with the Ministry and the Trans-Arabian Pipeline Company in residual spraying operations in villages and refugee camps around Der'a, in Hauran *muhafazat*.

747 648 Hospitals and related health work are conducted by various mission societies in Damascus, Aleppo and Deir ez Zor. Health and medical care services are also provided by the larger industries for the benefit of their employees. The United Nations Relief and Works Agency carries on public health and medical programs in the refugee centers in southern and western Syria.

Medical Institutions

743 Hospitals and Dispensaries. In 1951,

p. 446(0)

63:Simmons et al G-5 (1941-1951) 1984
M1 Middle East
SYRIA MD 1
143

there were 47 hospitals in Syria which provided a total of 2,255 beds—approximately 0.7 beds per 1,000 population. Of this number 22 hospitals, with an aggregate capacity of 1,535 beds, were supported by the government and 25 hospitals, with a capacity of 720 beds, by private or philanthropic organizations. The government hospitals included the National Hospital, a general hospital with 150 to 200 beds, and an associated maternity hospital of 50 beds, which were under the jurisdiction of the Medical Faculty of the Syrian University in Damascus.

The institutions operated by the Ministry of Health consisted of 14 general hospitals, ranging in size from 25 to 150 beds, located in the different provinces; a 25-bed communicable disease hospital in Damascus; venereal disease hospitals, of 75 beds in Damascus and 14 beds in Aleppo; and tuberculosis hospitals near Damascus and Aleppo, with 140 and 100 beds, respectively. Special wards for maternity cases were connected with the principal general hospitals in Damascus and Aleppo. In addition, the Ministry maintained a mental hospital with 300 beds and a leprosarium with facilities for 75 patients in the vicinity of Damascus. Under construction in 1951 were a new general hospital of about 500 beds in Damascus and 2 small hospitals of 25 beds each in the provinces. The tuberculosis hospital near Damascus was being enlarged to provide 350 beds, and a new 300-bed sanatorium was nearing completion in Aleppo. Plans were also projected for the erection of a 500-bed sanatorium in Latakia *wakfanat*.

The French Hospital in Damascus, with a capacity of 120 beds, was the largest of the private institutions. The majority averaged 10 to 20 beds in size: 11 were situated in Damascus, 8 in Aleppo and the remainder in different parts of the country. The Board of Foreign Missions of the Presbyterian Church in America sponsors a 50-bed hospital at Deir ez Zor which serves a large rural population in the Euphrates river region.

p. 147 (A)

63:Simmons et al G-5 (1941-1951) 1954
M1 Middle East
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Outpatient clinics are connected with all the government hospitals. The clinics and the dispensaries maintained by the Ministry totaled 111 in 1951, including maternal and child health centers in Damascus, Aleppo and Latakia; mobile dispensaries in 7 provinces; and 6 special mobile units, 2 each for the treatment of schistosomiasis, malaria and bejel or syphilis. A demonstration center was established in connection with the maternal and child health clinic in Damascus in 1952 by the Ministry, in cooperation with the World Health Organization and the United Nations International Children's Emergency Fund. The center provides training for district doctors, nurses and midwives, as well as courses for medical and nursing students and practitioners, in the various aspects of maternal and child health. A tuberculosis demonstration clinic and training center was also opened in Damascus by the Ministry, in conjunction with Syrian University and the World Health Organization.

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Laboratories. The Ministry of Health operates a central laboratory in Damascus. It has divisions for the performance of bacteriologic, serologic, chemical and biochemical examinations; for the preparation of typhoid, cholera, smallpox and rabies vaccines; and for the analysis of foods and drugs. Small diagnostic laboratories are also established in the administrative centers of the other provinces.

The municipal health department in Damascus maintains a laboratory for the examination of water, milk, cheese and other foodstuffs. Research and diagnostic laboratories are connected with the technical departments of the medical school in Damascus, and clinical laboratory facilities are available in all the larger hospitals.

874

Schools. A medical school is affiliated with Syrian University in Damascus. The Faculty of Medicine was founded in 1901 under the Ottoman government and incorporated in the University in 1923. It confers the degree of Doctor of Medicine on the completion of a 6-year course of study, but

761 369 164 Comparative rates in urban and rural communities were determined in a series of tests on unorganized groups in the city and two adjacent farming districts. In Damascus, positive reactions to tuberculin were given by 47.7 of the boys and 40.8 per cent of the girls tested at 15 years of age. At 20 to 25 years of age, positive reactions were obtained in 86.7 per cent and 77.4 per cent, respectively; at 40 to 45 years of age, in 95.6 and 86.6 per cent, respectively. In the rural communities the positive reaction rates were consistently lower, but approached the urban levels in the older age groups. Among individuals at 15 years of age, 51.6 per cent of the boys and 27.2 per cent of the girls reacted to tuberculin in one area, and 18.1 per cent of the boys and 21.2 per cent of the girls, in another. At 40 to 45 years of age, the proportion of positive reactors averaged 80 per cent in the first series and 50 to 100 per cent in the second.[48]

744 751 747 Within recent years the Ministry of Health has embarked upon a tuberculosis control program. In January, 1950, a tuberculin testing and BCG inoculation campaign was organized under the auspices of the United Nations International Children's Emergency Fund and associated organizations, which was taken over by the Ministry in September. Surveys have been carried out in most of the provincial capitals and surrounding rural districts, and the Ministry contemplates the gradual extension of the campaign to cover the populations in all parts of the country. In the course of the investigations completed in 7 provinces between January and September, 1950, almost 417,000 persons were tuberculin tested, and over 188,000 were inoculated with BCG vaccine. The majority were schoolchildren, although miscellaneous population groups of all ages were also included. The proportion of positive reactors in the different provinces ranged from 23 per cent in Jebel ed Druz (As Suwaydah) to 42 per cent in Aleppo.

659 361 751

758 743 The diagnostic and the treatment facili-

ties are inadequate, especially in the rural areas. Up to 1949 there were only 2 small tuberculosis hospitals in the entire country—near Damascus and near Aleppo. The development of increased medical facilities has recently been undertaken by the Ministry, and, in 1951, additions to the hospital near Damascus, to provide a total of 350 beds, and a new 300-bed hospital at Aleppo were under construction. Plans were also projected for the erection of a 500-bed hospital in Latakia province, which would bring the total number of beds available for the isolation and the treatment of tuberculous patients to between 1,000 and 1,200.

A tuberculosis demonstration and training center was established in Damascus in 1952 under the direction of the World Health Organization in collaboration with the Ministry and the Syrian University. It provides a regional headquarters for the training of doctors, nurses and social workers in the public health, the therapeutic and the social aspects of the disease.

Smallpox. Vaccination against smallpox is compulsory, but enforcement is necessarily incomplete in the more remote areas and among the nomadic tribes. Outbreaks occur from time to time, with sporadic cases reported almost annually in the intervening years. The disease was epidemic in Syria and Lebanon in 1933-34, but from 1935 to 1941 only occasional cases were observed. In 1941, smallpox spread to Syria from Iraq, where an epidemic focus had developed in 1940. Over 1,980 cases were recorded in 1942 and 1,132 in 1943. The outbreaks subsided in 1944, and again no more than sporadic cases were noted until 1948, when 894 cases were reported. The known incidence declined to 643 cases in 1949 and subsequently to 15 cases in 1950-51.

Other Infections. Pneumonia and influenza are prevalent. Epidemics of measles are frequent, with the peak of prevalence normally between January and May. The majority of cases are not seen by the medical officers, but, from the fragmentary data available, the fatality rates appear to aver-

sion hospital clinic in Deir ez Zor,[14, 18] the prevalence among the Bedouin has been estimated at 50 to 90 per cent and among the seminomadic Arab townsmen at 20 to 35 per cent. 164 361

The facilities for the diagnosis and the treatment of venereal diseases are meager. As of 1951, the Ministry of Health operated special venereal disease hospitals and outpatient clinics in Damascus and Aleppo. It also maintained 2 mobile dispensaries for the treatment of syphilis and bejel in the eastern provinces. A campaign for the mass treatment of bejel and syphilis was initiated in 1952 by the Ministry, in co-operation with the World Health Organization and the United Nations International Children's Emergency Fund. The findings of the various field units should eventually provide a comprehensive picture of the distribution and the prevalence of these diseases in eastern Syria. 758 743

Diseases of the Eyes. Trachoma is a major public health problem in all parts of the country, although it varies in prominence under urban and rural conditions. The infection rates usually average less than 10 per cent in the cities, but approximate 40 to 60 per cent in the rural areas, where over two thirds of the people live. Repeated surveys among school groups in northern Syria[21] indicate that slightly more than 5 per cent of the children in Aleppo are affected, in contrast with 30 to 40 per cent in the environs of the city and 60 per cent in the rural villages. The disease exists at all levels of society, but is less frequent among the nomadic tribes than among the settled communities in the same general region. Differences in prevalence, influenced by local customs, are also noted among the various racial and religious groups. In a survey covering mountainous and coastal areas of Latakia *muhafazat*, reported in 1933,[20] the highest infection rates were found in the predominantly Alawite districts. The index of infection averaged 44 per cent. It ranged from 25 per cent among the Armenians to 61 per cent among the 164 369 164 563

164 Alawites and 68 per cent among the Ismail-
563 ites. Trachoma is one of the principal causes of blindness, in spite of the fact that, in the opinion of many local observers, a large percentage of uncomplicated cases exhibit a tendency to spontaneous cure.

164 Gonococcal and other types of infectious conjunctivitis are common. In a series of 315 conjunctival examinations, reported in 1931,[19] from the mission hospital at Deir ez Zor, *Hemophilus lacunatus* (Morax-Axenfeld bacillus) was identified in 34 per cent, *H. conjunctivitidis* (Koch-Weeks bacillus) in about 10 per cent and *Neisseria gonorrhoeae* in 5 per cent, while different pyogenic cocci were found in the remainder.

164 Diseases of the Skin. As is to be ex-
515 pected, in view of the widespread ignorance
758 of the principles of personal hygiene and the scarcity of water in many areas, skin diseases are prevalent. They represented almost 10 per cent of the total cases treated in government hospitals and clinics in 1949.

164 Mycotic infections are numerous, with ring-
361 worm of the scalp predominating in most
511 localities. Impetigo and scabies are widespread, particularly among children in the rural villages. Pediculosis is almost universal among the inhabitants of the poorer, congested communities, both urban and rural. Occasional cases of human myiasis are encountered. A form of dermatitis, caused by the bite of *Phlebotomus papatasii* and other sandflies, is sometimes encountered among susceptible individuals in the summer months.

164 Leprosy. Endemic foci of leprosy exist in various parts of the country, but primarily in Hauran and Latakia provinces. The extent of infection is not accurately known, and estimates of prevalence range from 90 to 250 cases. A few new cases are
[743] reported each year. Theoretically, isolation is compulsory, and the Ministry of Health maintains a leprosarium at Douma, near Damascus, which has facilities for the care of about 75 lepers.

752 Rabies. Sporadic cases of rabies are re-
164 ported. The majority result from the bites

SILICOSIS AND BENIGN PNEUMOCONIOSIS ARE among the most important occupational diseases, but recognized cases are relatively few in number.

The smoking of *Cannabis indica* (hashish) and other types of drug addiction were formerly common. Within recent years they have been combated with some success by restrictive regulations and educational propaganda.

SUMMARY

Modern Syria, an independent republic since 1943, encompasses three of the former Levant states—Syria, Latakia and Jebel ed Druz. It has a population of slightly less than 3.2 million which is predominantly Moslem and Arab, but which includes several important religious and racial minority groups. Over three quarters of the inhabitants live in the western and the northwestern provinces which form the western arm of the so-called "Fertile Crescent."

The Ministry of Health (and Public Assistance), with headquarters in Damascus, is responsible for the health and the medical care of the population. Subordinate provincial health departments carry on the activities of the Ministry in each of the 9 *muhafazats*, or provinces. Autonomous municipal organizations function in Damascus, Aleppo, Homs and Hama. A limited number of philanthropic, mission and international agencies carry on health services in close co-operation with the Ministry. In 1951 there were 47 hospitals in Syria, with an aggregate capacity of 2,255 beds—approximately 0.7 beds per 1,000 inhabitants. Of this number, 22 hospitals, with 1,525 beds, were supported by the government, and the remainder by private organizations. In the same year, the Ministry maintained 111 clinics and dispensaries scattered throughout the country, including 3 maternity and child welfare centers, 7 mobile dispensaries and 6 mobile units for the treatment of specific diseases.

Water supplies are usually deficient, ex-